

Customer Copy

Label 11-F, April 2004



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Day of Delivery		Postage		Delivery Attempt		Time		AM		Employee Signature	
<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day		\$ <input type="text" value="16.25"/>		Month <input type="text" value="May"/>		Day <input type="text" value="15"/>		AM <input type="checkbox"/>		Employee Signature	
Scheduled Date of Delivery		Return Receipt Fee		Month <input type="text" value="May"/>		Day <input type="text" value="15"/>		AM <input type="checkbox"/>		Employee Signature	
Month <input type="text" value="May"/>		\$ <input type="text" value="0.00"/>		Month <input type="text" value="May"/>		Day <input type="text" value="15"/>		AM <input type="checkbox"/>		Employee Signature	
Searched Time of Delivery		COD Fee		Insurance		Delivery Date		AM <input type="checkbox"/>		Employee Signature	
Month <input type="text" value="May"/>		\$ <input type="text" value="0.00"/>		\$ <input type="text" value="0.00"/>		Month <input type="text" value="May"/>		AM <input type="checkbox"/>		Employee Signature	
Military		<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> 6 PM		Total Postage & Fees		Month <input type="text" value="May"/>		AM <input type="checkbox"/>		Employee Signature	
Flat Rate <input type="checkbox"/> or Weight		\$ <input type="text" value="0.00"/>		Acceptance Emp. Initials		Month <input type="text" value="May"/>		AM <input type="checkbox"/>		Employee Signature	
lbs. <input type="text" value="0.00"/>		<input type="checkbox"/> 1st Day <input type="checkbox"/> 3rd Day <input type="checkbox"/> Alpha County Code		Signature		Month <input type="text" value="May"/>		AM <input type="checkbox"/>		Employee Signature	
Customer Use Only						Month <input type="text" value="May"/>		AM <input type="checkbox"/>		Employee Signature	
Method of Payment						Month <input type="text" value="May"/>		AM <input type="checkbox"/>		Employee Signature	
Express Mail Corporate Acct No						Month <input type="text" value="May"/>		AM <input type="checkbox"/>		Employee Signature	

NO DELIVERY

Handed

Customer Signature

Handed

Customer Signature

TO: (PLEASE PRINT)
MS. ALICE & DOLCE & GABBANA
COURT ST STATIONER FOR PAYMENTS
PO BOX 1440
ALEXANDRIA
VA 22313-1440

VA 22313-1440

FROM: (PLEASE PRINT)
MICH/AMP/ker
RENTACO'SOURCE2

VA 22313-1440

FOR PICKUP OR TRACKING: Visit WWW.USPS.COM or Call 1-800-222-1811

Atty Docket No.: BGN-A054RCE2

Inventor: Jeffrey L. BROWNING et al.

Application No.: 09/767,370-Conf. #2716

Filing Date: January 23, 2001

Title: Method For The High Level Expression of Active Lymphotoxin-Beta Receptor Immunoglobulin Chimeric Proteins and Their Purification

Documents Filed:

Transmittal (1 page)

Fee Transmittal (1 page in duplicate)

Notice of Appeal (1 page)

Petition for Extension of Time (1 page)

Charge \$1,560.00 to deposit account 12-0080

This Return Receipt Postcard

Via: Express Mail: Airbill No. EV 957669959 US

Sender's Initials: CHC/AHF/ker

Date: December 11, 2007



NO POSTAGE STAMP NECESSARY
POSTAGE HAS BEEN PREPAID BY

LAHIVE & COCKFIELD, LLP
ONE POST OFFICE SQUARE
BOSTON, MA 02109-2127

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

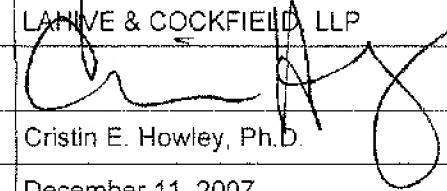
(to be used for all correspondence after initial filing)

		Application Number	09/767,370-Conf. #2716
		Filing Date	January 23, 2001
		First Named Inventor	Jeffrey L. BROWNING
		Art Unit	1643
		Examiner Name	C. H. Yaen
Total Number of Pages in This Submission		Attorney Docket Number	BGN-A054RCE2

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure:
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LANIVE & COCKFIELD, LLP		
Signature			
Printed name	Cristin E. Howley, Ph.D.		
Date	December 11, 2007	Reg. No.	55,281

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Fee Transmittal

For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,560.00)

Complete if Known

Application Number	09/767,370-Cont. #2716
Filing Date	January 23, 2001
First Named Inventor	Jeffrey L. BROWNING
Examiner Name	C. H. Yaen
Art Unit	1643
Attorney Docket No.	BGN-A054RCE2

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 12-0080 Deposit Account Name Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
=	x	=		Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
=	x	=		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,050.00
1401 Notice of appeal	510.00

SUBMITTED BY		Signature	Registration No. (Attorney/Agent)	55,281	Telephone	(617) 994-0796
Name (Print/Type)		Cristin E. Howley, Ph.D.		Date	December 11, 2007	

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
FEET TRANSMITTAL For FY 2008		Application Number	09/767,370-Conf. #2716
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 23, 2001
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Jeffrey L. BROWNING
1,560.00		Examiner Name	C. H. Yaen
		Art Unit	1643
		Attorney Docket No.	BGN-A054RCE2

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number		12-0080
				Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
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2. EXCESS CLAIM FEES**Fee Description**

	Small Entity
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Each independent claim over 3 (including Reissues)	210 105
Multiple dependent claims	370 185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

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SUBMITTED BY		Registration No. (Attorney/Agent)	55,281	Telephone	(617) 994-0796
Signature					
Name (Print/Type)		Date December 11, 2007			
Cristin E. Howley, Ph.D.					